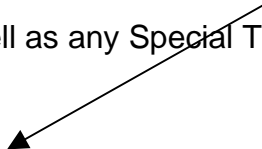


## **MODEL REQUEST FOR PROPOSAL (RFP): TO SELECT AN INSURANCE AGENT**

The following Request for Proposal (RFP) format may be used to select an agent who, in turn, will obtain the proper insurance coverages. Prior to soliciting bids, however, CSBs should review the coverage available through the Division of Risk Management. See Section 35.300 of the *CSB Procurement Procedure Manual*. The General Terms and Conditions, as well as any Special Terms and Conditions that may be needed, must be added to this RFP.



To access the *CSB Procurement Procedure Manual*:

[www.dmhmrsva.virginia.gov](http://www.dmhmrsva.virginia.gov)

Admin & Business

Procurements

Procurement Information – Office of Administrative Services

CSB Purchasing Information

# MODEL RFP TO SELECT AN INSURANCE AGENT

(NAME OF CSB)

## REQUEST FOR PROPOSAL: INSURANCE AGENT

Issue Date \_\_\_\_\_

RFP #: \_\_\_\_\_

The purpose of this Request for Proposal (RFP) is to contract with one insurance agent (**Contractor**) to obtain the insurance coverages outlined herein for the (**Name of CSB**). The period of the contact is for three (3) consecutive years beginning with the fiscal year July 1, 20\_\_\_\_ and ending with fiscal year June 30, 20\_\_\_\_. Additionally, the Contractor is to arrange for loss control services and other support as part of the insurance coverage. Agent of record letters will be provided after the contract has been awarded.

**Renewals:** Two (2) one-year renewals, thereafter, if mutually agreed.

Sealed Bids will be received until (**Date and Time**) for furnishing the goods described herein and then opened in public.

All inquiries for information should be directed to:  
(**Name and Title of Official**) (**Address**) (**Telephone**)

The proposal should be mailed or delivered directly to:  
(**Indicate Name and address**).

A/An (mandatory) (optional) pre-proposal conference will be held on \_\_\_\_\_  
at \_\_\_\_\_ o'clock at (**Location and Address**). Refer to Paragraph 3.0 herein.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods at the price indicated in the Quotation Section 7.0.

Name and Address of Firm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
By: \_\_\_\_\_

Signature in Ink

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_  
FEI/FIN No. \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

\* Contractor \_\_\_\_ **DOES** \_\_\_\_ **DOES NOT** consider his firm to be a minority owned business.

\* Contractor \_\_\_\_ **IS** \_\_\_\_ **IS NOT** certified as a minority business by the Virginia Dept. of Minority Business Enterprise.

\* Optional Information: Minority contractors are encouraged to submit bids; however, minority status does not influence award.

## MODEL RFP TO SELECT AN INSURANCE AGENT

- 1.0 PURPOSE:** The purpose of this Request for Proposal (RFP) is to contract with one insurance agent (Contractor) to obtain the insurance coverages outlined herein. Additionally, the Contractor is to arrange for loss control services and other support as part of the insurance coverage.

At no time during this solicitation are insurance agents or their representatives to contact any insurance companies or underwriters with the intent of obtaining quotations or proposals. Contact with companies or underwriters may be made with the intent to obtain information or guidance with respect to acceptability or underwriting requirements.

The Offeror to whom the contract is awarded will have full access to the insurance market at that time. Agent or broker of record letters will be provided after the contract has been awarded.

- 2.0 BACKGROUND:** \_\_\_\_\_ Community Services Board (CSB) provides mental health services to \_\_\_\_\_ persons in the \_\_\_\_\_ city/county area.

Exhibit A outlines the current and previous insurance coverages. The current insurance agent is \_\_\_\_\_.

Exhibit B is a listing of the property currently owned or occupied.

Exhibit C is a list of the staff employed or under contract.

Exhibit D is a list of the automobiles owned or leased.

- 3.0 STATEMENT OF NEEDS:** It is desired that the Contractor provide insurance coverage and related services based on the information in this RFP.

**3.1 Insurance Requirements:**

3.1.1 Property insurance on items listed in Exhibit A. Coverage is to protect against risk of direct physical loss. Property coverage will also protect against the need for additional expense in the event of loss or the loss of income resulting from direct physical loss. This coverage is to include electronic data processing equipment. The deductible is to be \$1,000. Higher deductibles may be considered justified.

3.1.2 Fidelity and crime coverage to protect against loss caused by employee infidelity. The limit is to be determined following receipt of Offeror's recommendations.

3.1.3 Workers' compensation to comply with the statutory requirements of the Commonwealth of Virginia.

- 3.1.4 Valuable papers and records coverage to pay for the cost of restoration and reconstruction of important documents.
- 3.1.5 Power equipment and machinery coverage to protect against physical damages to and loss of use of equipment which generates, transmits or uses energy. The deductible for this coverage should be concurrent with the property deductible.
- 3.1.6 Automobile coverage to protect against liability imposed by law for losses resulting from the operation of owned, leased or rented vehicles. Additionally, physical damage to the vehicles should be included.
- 3.1.7 Other insurance requirements are to be arranged as their needs develop.
- 3.2 Claims Adjustment Services: The agent must represent CSB's interest in resolving disputed claims.
- 3.3 Loss Control and Related Services: These include:
  - 3.3.1 Technical assistance for new construction or renovation of existing facilities. This may include plans review as well as on-site surveys.
  - 3.3.2 Periodic loss control surveys, including development of recommendations to prevent the frequency and/or reduce the severity of losses.
  - 3.3.3 Assistance in developing crises management and contingency plans.
  - 3.3.4 Assistance in determining the insurable replacement cost value of buildings.
  - 3.3.5 Provide loss control training as the needs are determined for CSB staff to receive such.

#### **4.0 REPORTING AND DELIVERY REQUIREMENTS:**

- 4.1 Coverage Recommendations: No less than sixty days prior to the expiration or anniversary of any existing coverage, the Contractor will present recommendations concerning the renewal or anniversary. The Contractor shall present at least two quotations from different insurance companies for each expiring policies. The Contractor shall provide an analysis of each quotation, the advantages and disadvantages of each and make a recommendation as to which should be accepted.
- 4.2 Binders and Policies: It is desired that the Contractor provide binders or other evidence of insurance within five working days of the effective date of any insurance policies. These should outline coverages, including limits and deductibles. One copy of the policy shall be delivered to the CSB no later

that thirty days after the initial or anniversary date of any coverage. Endorsements to any policy should be delivered within thirty days of agreement on the endorsement.

- 4.3 Review Requirements: The Contractor shall meet with the CSB when each policy is delivered and no less than 120 days prior to the renewals/anniversary of any policy. These meetings are to review exposures, coverage, premiums, losses and other items to verify the adequacy of insurance in anticipation of policy renewal or anniversary.
- 4.4 Loss Control Reports: Reports should be submitted to the CSB within thirty days of the completion of any survey unless otherwise scheduled.

## **5.0 PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS**

- 5.1 General Instructions: *(Refer to Model RFP, Appendix D-1) in the CSB Procurement Procedure Manual.*
- 5.2 Specific Requirements: Proposals should be as thorough and detailed as possible so that the CSB may properly evaluate the services. Offerors are required to submit the following items as a complete proposal:
  - 5.2.1 The return of the RFP cover sheet and all addenda acknowledgements, signed and completed as required.
  - 5.2.2 A narrative statement as to the offeror's qualifications to perform the work listed in the Statement of Needs. In addition, if the offeror anticipates using a subcontractor(s), the same information must be submitted concerning the proposed subcontractor(s). This narrative must address the following:
    - 5.2.2.1 Description of the background and experience of the offeror and any proposed subcontractor(s). This should include the number of years performing this service. Current annual reports should be included.
    - 5.2.2.2 Names, addresses, telephone numbers and individual contacts of at least three current accounts of similar size and complexity handled by the offeror and subcontractor(s) servicing office.
    - 5.2.2.3 Resumes of staff personnel to be assigned to this contract. This should describe their anticipated roles in serving the account. Include an organizational chart showing internal relations as well as relations with any subcontractors or insurers.
    - 5.2.2.4 If more than one program of coverages is being submitted by one offeror, the advantages and disadvantages of the

different approaches as well as the offeror's recommendations and related justifications must be included.

5.2.3 Proposed scope of work of the offeror's implementation and performance of the contract. Proposal should include:

5.2.3.1 Proposed insurance coverage forms with justification for each.

5.2.3.2 Claims handling procedures and guidelines, including claim-reporting thresholds.

5.2.3.3 Proposed outline and schedule for any training.

5.2.3.4 Proposed outline and schedule of loss control support and services to be provided. This should include projected time frames to initiate surveys, hours of service to be provided, education and training time, assistance required from \_\_\_\_\_ and related items.

5.2.4 Probable price ranges for each coverage. All charges must incorporate routine office and administrative charges including, but not limited to postage, travel, photographic, office supplies, telephone charges, issuing certificates of insurance, report preparation and typing, etc.

5.2.5 A listing of the five companies which will be approached to provide each of the insurance coverages requested. An approximation of the premium volume for the coverages from each company will be given. The companies should be listed in priority order. The offeror shall provide a narrative as to why each company is selected.

**6.0 EVALUATION AND AWARD CRITERIA:** Proposals will be evaluated using the following criteria:

6.1 Qualifications of offeror and proposed subcontractor(s).

6.1.1 Experience in providing the desired insurance and related services.

6.1.2 Market access and availability.

6.1.3 Personnel qualifications and experience of the offeror and subcontractor(s)'s staffs.

6.1.4 References.

6.2 Proposed scope of coverage and work.

6.2.1 Proposed insurance coverages.

6.2.2 Proposed claims handling procedures and support.

6.2.3 Proposed loss control support.

6.3 Proposed costs.

6.3.1 Proposed insurance coverage costs.

6.3.2 Other charges (if any).

**7.0 (MANDATORY) (OPTIONAL) PROPOSAL CONFERENCE:** A mandatory pre-proposal conference will be held at (time and date) at the (place) . The purpose of this conference is to allow potential offerors an opportunity to present questions and obtain clarification relative to any facet of this solicitation.

**Optional Clause:** Due to the importance of all offerors having a clear understanding of the scope of work and requirements of this solicitation, attendance at this conference will be a prerequisite for submitting a proposal. Proposals will only be accepted from those offerors who are represented at this pre-proposal conference. Attendance at the conference will be evidenced by the representative's signature on the attendance roster. No one will be admitted after **(time)**.

Bring a copy of the solicitation with you. Any changes resulting from this conference will be issued in a written addendum to the solicitation.

**8.0 METHOD OF PAYMENT:** Compensation to the Contractor for insurance and other services will be in the form of commissions for placement of insurance. Invoices for all insurance coverages provided will be delivered with the policies or endorsements. Payment frequency on other than an annual basis will be considered.

## **EXHIBIT A**

### Coverage History

This exhibit should contain at least three years history of insurance coverage. Items to be listed are insurance companies providing coverage, policy limits, deductibles, premiums and losses. If there have been no losses, this should be stated. Loss history should include the date of occurrence, amount of loss, location of occurrence, cause and extent of injury or damage. Information on current litigation may not be available and this should be so stated.

Often coverages are arranged as a "package policy". As much as possible, loss experience of the different elements of the "package" should be broken out. This should be arranged by:

- Property
- General Liability
- Professional Liability

- Fidelity/crime
- Workers' Compensation
- Valuable papers and records
- Power equipment and machinery (boiler and machinery coverage)
- Automobile coverage
- Others as purchased

## **EXHIBIT B**

### Property Exposures

This should be a list of the buildings owned or occupied by the CSB. This allows evaluation of the property, power equipment and some liability exposures. Items to be included:

- Building name (if any)
- Street address (not P. O. Box)
- Values of owned buildings to be insured. Do not include land costs.
- Contents values. This should provide a breakout of IT equipment.
- Rental values received by the CSB from tenants in any buildings or paid to any lessor in which the CSB is a tenant. Also to be included are estimates of costs for CSB to operate from existing building use (office, apartment, clinic, storage, etc.)
- Number of stories.
- Any loss detection or suppression in the building (smoke or heat alarms, burglar alarms, automatic sprinkler systems).
- Year building was constructed. If there has been significant renovation since construction, the year and extent of renovation should be described.
- Rental values received by the CSB from tenants in any buildings or paid to any lessor in which CSB is a tenant. Also to be included are estimates of costs for CSB to operate from existing facilities in the event those facilities cannot be occupied.
- If there are records essential to CSB operations, which would be difficult to reconstruct or replace, these should be identified and shown as a separate item from the contents. If these have been duplicated and copies stored elsewhere, this information should be included.

## **EXHIBIT C**

### Staffing

This shows the CSB organization, functions, job titles, and number of persons in each job and reporting relationships. Volunteers and part-time employees should be identified. This assists evaluation of liability, workers' compensation and fidelity exposures.

## **EXHIBIT D**

### Automobile Exposures



This is a list of all automobiles to be insured. Information needed is the year, make, model, vehicle identification number and approximate annual mileage of each vehicle. If employees use their own automobiles, coverage for hired and non-owned automobiles should be included. If physical damage coverage is to be included, the original new cost of the vehicles is needed.

## INITIAL PROPOSAL EVALUATION CRITERIA

**Instructions:** Each proposal received should be evaluated based on the following criteria. Proposals received after the deadline will not be opened. The CSB reserves the right to return unopened proposals to the offeror or to properly discard. Proposals opened and subjected to the criteria below shall belong exclusively to the [insert name of CSB]. These proposals and supporting documentation for evaluating such proposals will be maintained by the [insert name of CSB] based on the [insert name of CSB] retention policy.

Offeror's Name:			
Address:			
Contact Person:			
Telephone No.:			
Date Recd.			
Evaluated By:			

NO.	EVALUATION CRITERIA	YES	NO
1	Was the proposal received by the deadline?		
	Comments:		
2	Was the proposal delivered to the correct address?		
	Comments:		
3	Was the proposal signed by an authorized representative and dated?		
	Comments:		
4	Did the offeror submit one original and five copies of the proposal?		
	Comments:		
5	<b>Did the proposal present all information as requested per below:</b>		
	A. Title Page showing RFP subject, name of proposer's firm, local address, telephone number, name of contact, and date?		
	B. Table of Contents?		
	Comments:		
6	<b>Did the Letter of Transmittal include the following:</b>		
	A. History of firm, number of years in business and size of firm?		
	B. Statement by prospective auditor of his/her understanding of the work to be performed?		
	C. Reference to provisions in the Scope Section of the RFP?		
	D. A description of the audit approach and illustrations of the procedures to be employed?		
	E. Approximate date the audit will begin including preliminary fieldwork?		
	F. Approximate dates for delivery of the financial statements and/or auditor's reports?		
	G. Biographies including experience, education, professional designation, and professional affiliations of the individuals who will		

	be assigned to the engagement?		
	H. Names, addresses, and telephone numbers of contact persons?		
	I. A copy of the firm's most recent peer review?		
	Overall Comments:		

## INTERVIEW QUESTIONS

Name of Firm:	
Name of Rater:	
1. What qualifications do you have that make you uniquely appropriate to this job?	
2. Explain/describe your work experience with other governmental jobs that you have performed. How recent?	
3. Will you have sufficient staff available during July to September to perform this job and complete by schedule deadline? Who will be the principal staff assigned to this engagement?	
4. What is the largest budget/set of books which you have audited? Length of time to complete?	
5. Would you or your staff assigned to this job have sufficient continuing education hours as required for auditing federal funds?	
6. What assistance or preparation do you need from us:	

7. How soon can you get started?
8. Can you give an estimate of how you would price this audit? Can you also give us a estimated range of the audit fee for this engagement?
9. Why do you think your firm deserves this engagement?
10. Is there anything you would like to add or want from us?

### CRITERIA FOR AUDITOR SELECTION

Name of Firm:	
Name of Rater:	

**Instructions:** This form should be completed for each firm that is interviewed to provide audit services per the **REQUEST FOR PROPOSALS**. The rater should assign a score for each criterion listed below. The raw score should range from 1 (lowest) to 10 (highest). The raw score should be multiplied by the weighted percent to obtain the net score. Consideration should be given to the firm that obtains the highest TOTAL NET SCORE. ALL documentation should be maintained based on the CSBs retention policy.

#### RAW SCORE 1 (LOWEST) – 10 (HIGHEST)

Raw Score	% Wgt.	Net Score	CRITERIA
	25%		1. Skill, experience and training of the individuals who will be performing the services
	20%		2. Auditor's understanding of the CSB's system of accounting obtained through prior experience or discussion with appropriate CSB staff
	20%		3. Prior experience and reputation of the auditor in auditing government units similar to CSB
	15%		4. Ability to complete the audit and submit the financial statements to the DMHMRSAS by the required deadline
	10%		5. Size of budgets for other audits performed comparable to the CSB's budget

	5%		6. Recent experience relevant to CSB's level of work expected
	5%		7. Professional appearance and courteous staff.
<b>Total Raw Score</b>	<b>Total Wgt. %</b>	<b>Total Net Score</b>	
	100%		

**Other options to be considered:**

1. Criteria met in RFP (refer to PROPOSAL EVALUATION CRITERIA)
2. References

**COMMENTS:**


# Model Notice of Intent to Award

\_\_\_\_\_ COMMUNITY SERVICES BOARD

## PUBLIC NOTICE

### NOTICE OF INTENT TO AWARD

DATE AND TIME: (Date and Time Posted)

SERVICE (PRODUCT): (Title of IFB or RFP)

SOLICITATION NUMBER:

INTENDED CONTRACTOR: (Name)  
(Address)

AMOUNT: (Dollar Amount of Award, if applicable)

CONTRACT OFFICER: (Name)  
(Phone Number)

REMOVED: \_\_\_\_\_  
(Date, Time, Initial)

(NOTE: Notice of Intent to Award should be posted on the procurement bulletin board for at least 10 days.)

# STANDARD CONTRACT FORM

## STANDARD CONTRACT

Contract # \_\_\_\_\_

This contract entered into this (Date) day of (Month and Year), by (Contractor's Name), hereinafter called the Contractor and \_\_\_\_\_ Community Services Board, hereinafter called the "Purchaser".

WITNESSETH that the Contractor and the Purchaser, in consideration of the mutual covenants, promises and agreements herein contained and or attached, agree as follows:

SCOPE OF SERVICES: The Contractor shall provide the Purchaser as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From date of final execution (or actual inception date) through (Expiration Date).

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid by the Purchaser within 30 days after each invoice or delivery, whichever occurs last.

CONTRACT DOCUMENTS: The contract documents shall consist of this signed contract, the description or scope of work, general conditions, special conditions, specifications, and other data contained in the Invitation for Bids/Request for Proposals (Solicitation Number), dated (Date of Solicitation - normally the date it was issued), together with all written modification thereof and the bid/proposal submitted by the Contractor dated (Date of Contractor's Bid or Proposal), all of which contract documents are incorporated herein.

IN WITNESS WHEREOF, The parties have caused this Contract to be duly executed intending to be bound thereby.

(Contractor's Name)

(Name of CSB)

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_